EXHIBIT 18

Case:17-03283-LTS Doc#:18037-18 Filed:09/06/21 Entered:09/06/21 14:04:48 Desc: Exhibit 18 - Maria A Huertas Lopez Page 2 of 11

Participant must provide all of the information below in English:

1. Participant's co	ontact information, including	email address, and that of its counsel,
if any:	. 1 , 1 , 1	
Participant's Name:	Mana A. H	vertas toper
Participant's Address:	C/1 C-2 Ust	6. Vista Bella Dayamn
Participant's Email Address:	mhuertas 1943	ogmail com
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's C	Claim number and the nature of	of Participant's Claim:
Claim Number:	121594	1 11:
Nature of Clairo:	Tublic Emp	loyee Clarms
By: Mc O/	In Ferry	
MARIGA . H	Juertas Lopes	RECEIVED
Print Name		AUG 2 4 2021
Title (if Participant is	not an individual)	PRIME CLERK LLC
13 0908 V Date	0 2021	

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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June Cles & The Feir F. O DA 4850 Jew York, NY. 10163-4850

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Jana A. Huntas
Participant's Address:	1 C-s Ulb. Vish Bell Boyann P.
Participant's Email Address: 🙎	nhuer tas 1943 O gmail : com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Cla	m number and the nature of Participant's Claim:
Claim Number:	144669
Nature of Glaim:	Emmonweath of P. D
By: Waria A. Hu	wto Ropa
Signature	RECEIVED
Print Name	AUG 2 4 2021
	PRIME CLERK LLC
Title (if Participant is no	t an individual)
13090890 -	2021
Date U	

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Participant must provide all of the information below in English:

 Participant's contact 	et information, including email add	dress, and that of its counsel,
if any:	$I \cap I$	/ /
Participant's Name:	an (1) Hunter	s hopen
Participant's Address:	1/1 C-2 lub. 1.	10 to Belle Dog
Participant's Email Address: M	huertas 1943 Dgg	mail om
Name of Counsel:		
Address of Counsel:		4
Email Address of Counsel:		
2. Participant's Claim	number and the nature of Particip	oant's Claim:
Claim Number:	148334	
Nature of Claim:	greneonwealth o	1 P. B.
By: McCo),	f fefr	
Signature 1 Jan A Huset	as lopes	
Print Name	3	RECEIVED
		4110 0 4 0004
Title (if Participant is not a	an individual)	AUG 2 4 2021
13 - agos 12 Date	2021	PRIME CLERK LLC

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Maia G- Sputes Lopes C/1 d-2 llsb: Moto Bella Ang. P. J.

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PRIME CLERK

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Participant must provide all of the information below in English:

 Participant's contact information, inclu 	ding email address, and that of its counsel,
if any: Participant's Name: Mana A. Ha	utas topés
Participant's Address: C// C/2 U	ib Vis to Bella Boy P. R.
Participant's Email Address: Mhuertas 19	430 gmail- com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nat	ure of Participant's Claim:
Claim Number:	
Nature of Claim: Employees, K	the Commonweath of P.C.
By: Mana A /kusto.	
Signature	RECEIVED
yeld the	
Print Name	AUG 2 4 2021
Title (if Participant is not an individual)	PRIME CLERK LLC
13 mansto 2021	
Date	

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

1.

if any:	
Participant's Name:	Maria A. Huertas hopes
Participant's Address:	C/1 C-2 Ulub. Vista Bella Bayamin
Participant's Email Address:	mhuertas 1943 & gmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	120808
Nature of Claim: By: Signature	Commonwealth of P.R.
Mana A Huer	as Lopes RECEIVED
Title (if Participant is r	not an individual) PRIME CLERK LLC O 202 /

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